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PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket Number	P07181US00
	First Named Inventor	AGGER, Nicola
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted OR With Initial Filing	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.18 (e)) required)	Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITION FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ]

as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/DK03/00773	WIPO	11/11/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION - Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	22885	OR	<input type="checkbox"/> Correspondence address below
Name McKee, Voorhees & Sease, P.L.C.				
Address				
City	State	ZIP		
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	515-288-3667	515-288-1338		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
NICOLAI		AGGER		
Inventor's Signature				Date
<i>Nicola Agger</i>				04/13/2005
Residence: City	State	Country	Citizenship	
	NYBORG	DENMARK	DENMARK	
Mailing Address				
Strandparken 4				
City	State	ZIP	Country	
	NYBORG	DK-5800	DENMARK	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name Or Surname		
Inventor's Signature				Date
				04/13/2005
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	
	Filing Date	
	First Named Inventor	AGGER, Nicolai
	Title	COMPOSITION FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	P07181US00

I hereby appoint:



Practitioners associated with the Customer Number:

22885

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

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OR

22885



Firm or Individual Name

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Zip

Fax

515-288-1338

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Nicolai Agger</i>	Date	21.04.2005
Name	Nicolai Agger	Telephone	+45 7552 1244
Title and Company	DIRECTOR R&D PHARMALETT A/S		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case.